

Guardianship Referral

To: Harris County Probate Courts

Please note that this must accompany the original completed, doctor's mental status exam. Complete the below and any additional information to the extent possible to the Harris County Probate Clerk's office at 201 Caroline, 8th Floor, Houston, Texas, 77002, phone 713-755-6425 fax 713-755-5468. Physician's Certificate of Medical Examination can be obtained at: <http://www.hctx.net/probate/default.aspx>

Proposed Ward's Name (& AKA): _____

DOB: _____ First Language: _____ Admission date: _____

Current address: _____

Prior address: _____

Reason for referral of guardianship (brief summary of current situation): _____

Attending doctor name and contact info: _____

Social Worker's name and contact info: _____

Financial Income Source(s) & Amounts: _____

Family member or friends names and contact info: _____

Has the proposed ward executed a Power of Attorney: _____

Has the proposed ward executed an Advanced Directive to Physicians: _____

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION

In the Matter of the Guardianship of _____,

For Court Use Only

an Alleged Incapacitated Person

Court Assigned: _____

The purpose of this certificate is to enable the Court to determine whether the individual identified above is incapacitated according to the legal definition, and whether a guardian should be appointed to care for him or her.

DEFINITION OF INCAPACITY

For purposes of this certificate, an "Incapacitated Person" is "an adult individual who, because of a physical or mental condition, is substantially unable to provide food, clothing or shelter for himself or herself, to care for the individual's own physical health, or to manage the individual's own financial affairs." Texas Probate Code § 601(14).

GENERAL INFORMATION

Proposed Ward's Name _____

Date of Birth _____ Age _____ Gender ☐ M ☐ F

Current Location of Ward: _____

Physician's Name _____ Phone: (____) _____

Office Address _____

☐ YES ☐ NO -- I am a physician currently licensed to practice in the State of Texas.

I have been the doctor for the Proposed Ward since _____

I last examined the Proposed Ward on _____, 20____ at:

☐ a Medical facility ☐ the Proposed Ward's residence

☐ Other: _____

☐ YES ☐ NO -- The Proposed Ward is under my continuing treatment.

☐ YES ☐ NO -- Prior to the examination, I informed the Proposed Ward that communications with me would not be privileged.

☐ YES ☐ NO -- A mini-mental status exam was given. If "YES," please attach a copy.

Based upon my last examination of the Proposed Ward, I provide the following information:

1. EVALUATION OF THE PROPOSED WARD'S PHYSICAL CONDITION

Physical Diagnosis: _____

Conditions underlying diagnosis: _____

a. Prognosis: _____

b. Severity: ☐ Mild ☐ Moderate ☐ Severe

c. Treatment: _____

2. EVALUATION OF THE PROPOSED WARD'S MENTAL FUNCTION

Mental Diagnosis: _____

Conditions underlying diagnosis: _____

a. Prognosis: _____

b. Severity: ☐ Mild ☐ Moderate ☐ Severe

c. Treatment: _____

☐ YES ☐ NO --- A summary of Proposed Ward's medical history is attached (if reasonably available).

☐ YES ☐ NO --- Would the Proposed Ward benefit from supports and services that would allow the individual to live in the least restrictive setting?

☐ YES ☐ NO --- Does this mental diagnosis include dementia?

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2. EVALUATION OF THE PROPOSED WARD'S MENTAL FUNCTION, continued

- ☐ YES ☐ NO --- Would the Proposed Ward benefit from placement in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia?
- ☐ YES ☐ NO --- Would the Proposed Ward benefit from medications appropriate to the care and treatment of dementia?
- ☐ YES ☐ NO --- Does the Proposed Ward have sufficient capacity to give informed consent to the administration of dementia medications?

3. DECISION MAKING

Alertness, Attention, and Deficits

Alertness: ☐ Alert ☐ Lethargic ☐ Stupor

Proposed Ward is oriented to the following (check all that apply):

☐ Person ☐ Time ☐ Place ☐ Situation

In my opinion, the ability of the Proposed Ward to make or communicate responsible decisions concerning himself or herself is affected by the Proposed Ward's deficits and abilities as indicated:

Deficit(s) (check all that apply): ☐ Short-term memory ☐ Long-term memory ☐ Immediate recall

- ☐ YES ☐ NO --- Able to understand or communicate (verbally or otherwise)
- ☐ YES ☐ NO --- Able to recognize familiar objects and persons
- ☐ YES ☐ NO --- Able to perform simple calculations
- ☐ YES ☐ NO --- Able to reason logically
- ☐ YES ☐ NO --- Able to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs
- ☐ YES ☐ NO --- Able to break complex tasks down into simple steps and carry them out
- ☐ YES ☐ NO --- The Proposed Ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration

In my opinion, the Proposed Ward is able to make or communicate responsible decisions concerning himself or herself regarding the following:

A. Business and Managerial Matters; Financial Matters

- ☐ YES ☐ NO --- Contract and incur obligations; handle a bank account; apply for, consent to and receive governmental benefits and services; accept employment; hire employees; sue and defend on lawsuits; make gifts of real or personal property?
- ☐ YES ☐ NO --- If "YES," should amount deposited in any such bank account be limited?
- ☐ YES ☐ NO --- Execute a Durable Power of Attorney?
- ☐ YES ☐ NO --- Execute a Health Care Power of Attorney?

B. Personal Living Decisions

- ☐ YES ☐ NO --- Determine own residence?
- ☐ YES ☐ NO --- Safely operate a motor vehicle?
- ☐ YES ☐ NO --- Vote in a public election?
- ☐ YES ☐ NO --- Make decisions regarding marriage?

C. Medical Decision-Making

- ☐ YES ☐ NO --- Consent to medical, dental, psychological, and psychiatric treatment?
- ☐ YES ☐ NO --- Administer own medications on a daily basis?

D. Daily Life Activities

Administer to daily life activities (e.g., bathing, grooming, dressing, walking toileting):

☐ YES, independently ☐ YES, with assistance ☐ NO, requires total care

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4. DEVELOPMENTAL DISABILITY

☐ YES ☐ NO --- Does the Proposed Ward have developmental disability?

If "YES," is the disability a result of the following? (Check all that apply)

☐ YES ☐ NO --- Mental retardation?

☐ YES ☐ NO --- Autism?

☐ YES ☐ NO --- Static Encephalopathy?

☐ YES ☐ NO --- Cerebral Palsy?

☐ YES ☐ NO --- Down's Syndrome?

☐ YES ☐ NO --- Other? Please Explain _____

DETERMINATION OF MENTAL RETARDATION

The court may not grant an application to create a guardianship if the basis for the Proposed Ward's incapacity is mental retardation unless a Determination of Mental Retardation is made. A Determination of Mental Retardation (Texas Health and Safety Code § 593.005) requires that the determination be based on an interview with the Proposed Ward and on a professional assessment.

The assessment, at a minimum, must include:

- 1) a measure of the Proposed Ward's intellectual functioning;
- 2) a determination of the Proposed Ward's adaptive behavior level; and
- 3) evidence of origination during the Proposed Ward's developmental period.

As a physician, you may use a previous assessment, social history, or relevant record from a school district, another physician, a psychologist, a public agency, or a private agency if you determine that the previous assessment, social history, or record is valid.

1. What is your assessment of the Proposed Ward's level of intellectual functioning and adaptive behavior?

☐ Mild (IQ of 50-55 to approx. 70)

☐ Moderate (IQ of 35-40 to 50-55)

☐ Severe (IQ of 20-25 to 35-40)

☐ Profound (IQ below 20-25)

2. ☐ Yes ☐ No---Is there evidence that the mental retardation originated during the Proposed Ward's developmental period?

5. EVALUATION OF CAPACITY

☐ YES ☐ NO --- Based on the information above, it is my opinion that the Proposed Ward is incapacitated according to the definition given at the top of page 1.

If "YES," please indicate the level of incapacity

☐ PARTIAL ☐ TOTAL

If you answered "YES" to any of the questions regarding decision-making in Section 3 (previous page) and believe the Proposed Ward is totally incapacitated, please explain: _____

If you answered "NO" to all of the questions regarding decision-making in Section 3 (previous page) and believe the Proposed Ward is partially incapacitated, please explain: _____

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6. ABILITY TO ATTEND COURT HEARING

If a hearing on an application for the appointment of a guardian is scheduled in court:

☐ YES ☐ NO --- The Proposed Ward would be able to attend, understand, and participate in the hearing.

☐ YES ☐ NO --- Because of his or her incapacities, it would ***not*** be advisable for the Proposed Ward to appear at a Court hearing because the Proposed Ward would not be able to understand or participate in the hearing.

☐ YES ☐ NO --- Does any current medication taken by the Proposed Ward affect the demeanor of the Proposed Ward or his or her ability to participate fully in a court proceeding

7. ADDITIONAL INFORMATION OF BENEFIT TO THE COURT

If you have additional information concerning the Proposed Ward that you believe the Court should be aware of or other concerns about the Proposed Ward that are not included above, please explain:

Physician's Signature

Date

Physician's Name Printed

Revised December 6, 2010